STATEMENT OF

FORM 1	ORGANIZA (See instruction			Office use only
NAME OF COMMITTEE (in	full) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
American Fari	mers & Ranchers Association Po	Ditical Action Committee		
ADDRESS (number and	P. O. Box 24000			
(Check if address is changed)				
	OKLA CITY		<u> </u> OK	73124
		CITY▲	STATE▲	ZIP CODE ▲
COMMITTEE'S E-MA	L ADDRESS (Please provide only one e	-mail address)		
(Check if address is changed)	bgreen@afrmic.con	1 		
COMMITTEE'S WER	PAGE ADDRESS (URL)			
(Check if address is changed)				
2. DATE 0 9			-	
3. FEC IDENTIFICA	TION NUMBER	C C00231670		
4. IS THIS STATEM	NEW (N) OR	AMENDED (A)		
I certify that I have exami	ned this Statement and to the best of my kno	owledge and belief it is true, correc	et and complete	
Type or Print Name of	Tressurer BOBBY GREEN			
Type of Fillit Name of				
Signature of Treasurer	Electronically Filed by BOBBY 6	REEN	Date 0 9	16 Y 2011
NOTE: Submission of fa	ise, erroneous, or incomplete information ma	ay subject the person signing this	·	
Office Use Only		For further informati Federal Election Com Toll Free 800-424-95	mission	FEC FORM 1 (Revised 02/2009)